


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90248 035 \*\*\*150.00

**DOCUMENT # 600835**  
 1. Entity Name  
**CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.**



Principal Place of Business  
**1745 NORTH MILLS AVE  
 SUITE 100  
 ORLANDO, FL 32803**

Mailing Address  
**PO BOX 533101  
 ORLANDO, FL 32853-3101**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

90631000



04252008 Chg-P CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
**TAUSSIG, ANDREW S MD  
 1745 NORTH MILLS AVE  
 SUITE 100  
 ORLANDO, FL 32803**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAUSSIG, ANDREW S DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORY, WILLIAM E DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POLLAK, SCOTT J DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITWORTH, HALL B JR, DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODRIGUEZ, RALPH A DR 1745 NORTH MILLS AVE ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Date** 4/26/08 **Daytime Phone #** \_\_\_\_\_

# ATTACHMENT

40091666

CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.  
 DOCUMENT # 600835  
 2008 UNIFORM BUSINESS REPORT ( UBR )  
 BLOCK 10

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
DIR/ VICE PRES	DR. J. CRAIG BARNETT	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. ANIL KUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRUCE STEIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. JUAN C. ZARATE	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. BRIAN DUBLIN	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. NADARAJAH SRIKUMAR	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803
DIR/ VICE PRES	DR. MICHAEL NOCERO	1745 NORTH MILLS AVENUE, SUITE 100	ORLANDO	FLORIDA	32803